

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form

PLAINTIFF

UNITED STATES OF AMERICA

COURT CASE NUMBER

2:05cv525-F

DEFENDANT TWENTY-FIVE FIREARMS AND VARIOUS AMMUNITION

TYPE OF PROCESS NOTICE OF
ARREST ON SEIZURE

SERVE
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

MONTGOMERY INDEPENDENT

ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code)
1810 West 5th Street, Montgomery, Alabama 36106

DEBRA P. HACKETT, CLK
U.S. DISTRICT COURT
MIDDLE DISTRICT ALA

SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:

John T. Harmon
United States Attorney's Office
Assistant United States Attorney
Post Office Box 197
Montgomery, Alabama 36101-0197

Number of process to be
served with this Form - 285

1

Number of parties to be served
in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER
(334) 223-7280

DATE
06/3 /05

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only first USM 285 if more than
one USM 285 is submitted)

Total Process
No. _____

District of Origin
No. _____

District to Serve
No. _____

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).

Name and title of individual served (If not shown above).
Robert Martin

☐ A person of suitable age and discretion then
residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service

Time

am

pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
(including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount Owed to US Marshal or

Amount or Refund

REMARKS:

Proof of Publication

Date of Publication: August 25, September 1 & 8, 2005